

**Friends Select School
PHYSICIAN'S FORM
2020 – 2021**

Last Name _____ First Name _____

Date of Birth _____ Gender _____ Grade _____

ANNUAL ASSESSMENT:

Height _____ Weight _____ BP _____ HR _____

Vision: R _____ L _____ Hearing: R _____ L _____

Allergies _____

Allergy Management _____

History of Asthma ☐ yes ☐ no Asthma Management _____

(If Epi pen or Inhaler is required while at school, please complete the separate medication administration form.)

Physical Exam (complete for new students and those entering grades 6 and 11)

Physical Exam	Normal	Abnormal	Please document significant medical history and current health issues
General			
Neurologic			
HEENT			
Respiratory			
Cardiovascular			
GI/GU			
Skin			
Musculoskeletal			

Tuberculosis Screen (new students and those entering grade 9) Date _____ Result _____

Scoliosis Screen (new students and those entering grades 6 and 7) Date _____ Result _____

Plan of care _____

Physical Education

Is this student cleared to participate in the physical education and interscholastic athletic programs at Friends Select School for the 2020-2021 school year? ☐ yes ☐ no

Recommendations _____

PHYSICIAN SIGNATURE REQUIRED ON BACK

PHYSICIAN FORM (continued)

Current Medications (all medications taken by student, including those taken on non-school hours)

Medication	Diagnosis	Dose	Schedule

Physician Notes

Immunization Requirements *

* For attendance in 7th Grade:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) prior to the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) before the first day of 7th grade.

* For attendance in 12th Grade:

- 1 dose of meningococcal conjugate vaccine (MCV) prior to the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

Immunization	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr
Diphtheria/Tetanus/Pertussis (4) DTaP/DTP/DT					
Polio (4) IPV					
Measles/Mumps/Rubella (2) MMR					
Varicella (2)			Or Had Varicella Disease:		
Pneumococcal					
Hepatitis A					
Hepatitis B (3)					
Tdap booster (by 7 th grade)					
Human Papillomavirus (HPV)					
Meningococcal – MCV	Before 7 th Grade:		Before 12 th grade:		
Haemophilus influenza-b (hib)					

Physician Signature _____ Date _____

Office Address _____ Phone _____

Return by
August 14, 2020 to:

Friends Select School
17th & the Benjamin Franklin Parkway
Philadelphia, PA 19103-1284

Tel: 215-561-5900
FAX: 215-864-2979